## **Example of Plan of Care for Case 2**

4A-300	NORTH CAROLINA DIVISION OF MEDICAL ASSISTANCE
EV 2/9	PERSONAL CARE SERVICES (PCS) PHYSICIAN AUTHORIZATION AND PLAN OF CARE $\mathcal{MSL}$
0-010-8	INITIAL ASSESSMENT (REFERRAL DATE $11-4-03$ ) REASSESSMENT
R	Best Care, Inc Anytawn, NC (XXX) XXX-XXXX PROVIDER AGENCY PHONE
	PATIENT INFORMATION
1 1	IAME Stella SMHh 2 MEDICAID NO XXX - Client #
	DORESS 101 Drung Lane, anytown, NC  CHONE (XXX) XXX XXXX 5. SEX: MALE FEMALE 6. DOB 10/21/27
7 1	IVES: ALONE W/SPOUSE W/ADULT CHILD(REN) W/PARENT(S) W/OTHERS
	CONTACT PERSON: NAME Stan Smith  ODRESS 101 Dry Lane, any two, NC.  PHONE (H) XXX-XXX-XXX XXX
Α	ATTENDING PHYSICIAN NAME DY DANIEL Janes PHONE (H) PHONE XXX-XXXX
	papers 272 Near 1050 Hat Gt. Will More, NC
С	DATE OF MOST RECENT EXAMINATION 10/16/03
	TOTAL PLANTS OF OLIGHT OF THE TOTAL PLANTS OF
11. L	CVA & (R) shed Weathress - 97, HTN - 104rs
12. (	CURRENT CARE-TYPE AND SOURCE
	Home Hearn - KIO and wate services
	EVALUATION
13 1	MEDICATIONS · NAME/DOSE/FREQUENCY/ROUTE
	HITZ 25 mg Do /per Deg g arn
	Ignexin 0.125 mg po / otr peg gam.
•	
	multivitamin 7-00 Pour pog = crushed /g am.
,	
	Multivitamin 7 po por pod crushed 19 am. Tylenol 325 mg 7 or 17 po pod pod pod pair
	MWINVHAMIN TO PET poly cousted 19 am.  Tylenol 325 mg To at 17 polyor pog prin pain  Tylenol 325 mg To at 17 polyor pog prin pain  The who assists (NAME (BELATIONSHIP) davapter in law
5	MWINVITAMIN TO PORT POST CRUSTED IG AM.  TYLENOL 325 mg TO TO PO POR POST PAIN  SELF-ADMINISTERED? (Y/N) V IF "N", WHO ASSISTS (NAME / RELATIONSHIP) davather in law  AMBULATION: NO PROBLEMS LIMITED ABILITY AMBULATORY W/ AID OR DEVICES NON-AMBULATORY
14. /	MWITHVITAMIN TO THE PORT COUSTACK OF AM.  INVIENDED 325 Mg TO TO PORT PORT PAIN  SELF-ADMINISTERED? (Y/N) N IF "N", WHO ASSISTS (NAME / RELATIONSHIP) davanter in law  AMBULATION: NO PROBLEMS LIMITED ABILITY AMBULATORY W/ AID OR DEVICES NON-AMBULATORY  DEVICES/ASSISTANCE NEEDED Wanster to Chair, BSC.  NUTRITION ORAL PARENTERAL TUBE (TYPE PEG Ensure plus Wan Jay.
14. 7 15. 1	MWITHVITAMIN TO INT poly = crushed 19 am.  IYICOOL 325 mg T ON 1 poly proper proper pain  SELF-ADMINISTERED? (Y/N) V IF "N", WHO ASSISTS (NAME / RELATIONSHIP) davghter in law  AMBULATION: NO PROBLEMS LIMITED ABILITY AMBULATORY W/ AID OR DEVICES NON-AMBULATORY  DEVICES/ASSISTANCE NEEDED Dransfer to Chair, 185C.  NUTRITION ORAL PARENTERAL TUBE (TYPE PEG Ensure plus (V can day)  DIETARY RESTRICTIONS: NPO
14. <i>i</i> 15. i	MWINVITAMIN TO INT POST POST COUSTANT JAME.  MYLONO 325 Mg TO TI POST POST POST POST POST POST POST POST
14. 7 15. 1 16. 3	MWHAVHAMIN TO INT pd = CNIShed   g am.  IYLENOL 325 mg T ON   PO   POW pcq prn Pain  SELF-ADMINISTERED? (Y/N)   IF "N", WHO ASSISTS (NAME / RELATIONSHIP) davapher in law  AMBULATION: NO PROBLEMS LIMITED ABILITY AMBULATORY W/AID OR DEVICES NON-AMBULATORY  DEVICES/ASSISTANCE NEEDED Dansfer to Chair, 135C.  NUTITION ORAL PARENTERAL TUBE (TYPE PEG : Ensure plus (D an day)  DIETARY RESTRICTIONS NPO  RESPIRATION V NORMAL TRACHEOSTOMY MECHANICAL OXYGEN DYSPNEA  SKIN: NORMAL PRESSURE AREAS DECUBITI OTHER PCG SIK-WaSh daily.  SKIN: ABE NEEDS At 1/16/6-3kin breakdown due to immobility
14. 7 15. 1 16. 3	MWINVITAMIN TO INT POST CONSIDER IN PAIR  SELF-ADMINISTERED? (Y/N) V IF "N", WHO ASSISTS (NAME / RELATIONSHIP) CONSIDER IN IAW  AMBULATION: NO PROBLEMS LIMITED ABILITY AMBULATORY W/ AID OR DEVICES NON-AMBULATORY  DEVICES/ASSISTANCE NEEDED TRANSFER TO CHAIR, BSC.  NUTRITION ORAL PARENTERAL TUBE (TYPE PEA; Ensure plus (Can day)  DIETARY RESTRICTIONS NPO  RESPIRATION NORMAL TRACHEOSTOMY MECHANICAL OXYGEN DYSPNEA  SKIN: NORMAL PRESSURE AREAS DECUBITI OTHER PASIK Wash daily.  SKIN CARE NEEDS At NIEK - SKIN breakdown due to immobility  BOWEL: NORMAL OCCASIONAL INCONTINENCE (LESS THAN DAILY)  DAILY INCONTINENCE
14. 7 15. 4 16. 3 17. 4	MWITHVITAMIN TO INT POST POR CONSTITUTION OF INT POST POR
14. / 15. / 16. : 17. : 18.	MWITHVITAMIN TO INC. PCG = CRISTICAL IG AM.  IYICOI 325 Mg TO TI PO POR PCG PCN PAIR  SELF-ADMINISTERED? (Y/N)
14. / 15. / 16. : 17. : 18.	MWITHVITAMIN TO INTERPOLOGICAL INCONTINENCE (LESS THAN DAILY)  DELF-ADMINISTERED? (Y/N)
14. 7 15. 1 16. 1 17. 1 18. 19. 20.	MWITHVITAMIN TO INT POST POST CRISTICAL IS AME / RELATIONSHIP)  SELF-ADMINISTERED? (Y/N)
14. 7 15. 4 16. 3 17. 18. 19. 20.	My hutamin 7 de   per pag = cristral   g am.  Ny lenol 325 mg = a ti   po   per pag   pri   pain  SELF-ADMINISTERED? (Y/N)   V   IF "N", WHO ASSISTS (NAME / RELATIONSHIP) davahter in law  AMBULATION   NO PROBLEMS   LIMITED ABILITY   AMBULATORY W/ AID OR DEVICES   V NON-AMBULATORY  DEVICES/ASSISTANCE NEEDED   Dransfer to Chair   BSC    NUTRITION   ORAL   PARENTERAL   V   TUBE (TYPE   PEG   Ensure plus (D can   day )    NORMAL   PARENTERAL   V   TUBE (TYPE   PEG   Ensure plus (D can   day )    NORMAL   PRESSURE AREAS   DECUBITI   OTHER   DAYSEN   DYSPNEA    SKIN CARE NEEDS   ALT 116
15. 4 15. 4 16. 17. 18. 19. 20. 21. 22. 23.	MWTNVITAMIN TO IDE POG - CRUSHED IG AM.  NELF-ADMINISTERED? (Y/N) N IF 'N', WHO ASSISTS (NAME / RELATIONSHIP) DAVABLE IN I AW  AMBULATION: NO PROBLEMS LIMITED ABILITY AMBULATORY W/ AID OR DEVICES NON-AMBULATORY  DEVICES/ASSISTANCE NEEDED DANSHER TO CHAIR 185C.  NUTRITION: ORAL PARENTERAL V TUBE (TYPE PEG Ensure p) ws (V can day)  DIETARY RESTRICTIONS: NPO  RESPIRATION: NORMAL TRACHEOSTOMY MECHANICAL OXYGEN DYSPNEA  SKIN: NORMAL PRESSURE AREAS DECUBITI OTHER PASSIK- Nash davily.  SKIN CARE NEEDS AT PIGK - SKIN breakdown due to immobility.  BOWEL: NORMAL OCCASIONAL INCONTINENCE (LESS THAN DAILY) DAILY INCONTINENCE  OSTOMY: TYPE SELF-CARE? (Y/N) N  BLADDER: NORMAL OCCASIONAL INCONTINENCE (LESS THAN DAILY) DAILY INCONTINENCE  CATHETER: TYPE SELF-CARE (Y/N) N  ALLERGIES: PCN  ORIENTATION: ORIENTATED SOMETIMES DISORIENTED SIGNIFICANT LOSS-MUST BE DIRECTED  MEMORY: ADEQUATE FORGETFUL-NEEDS REMINDERS SIGNIFICANT LOSS-MUST BE DIRECTED  BEHAVIOR: V COOPERATIVE PASSIVE PROPERTY NON-RESPONSIVE
15. I 16. I 17. I 18. I 19. 20. 21. 22. 23.	MWTNVITAMIN TO IDE POG - CRUSHED IG AM.  NELF-ADMINISTERED? (Y/N) N IF 'N', WHO ASSISTS (NAME / RELATIONSHIP) DAVABLE IN I AW  AMBULATION: NO PROBLEMS LIMITED ABILITY AMBULATORY W/ AID OR DEVICES NON-AMBULATORY  DEVICES/ASSISTANCE NEEDED DANSHER TO CHAIR 185C.  NUTRITION: ORAL PARENTERAL V TUBE (TYPE PEG Ensure p) ws (V can day)  DIETARY RESTRICTIONS: NPO  RESPIRATION: NORMAL TRACHEOSTOMY MECHANICAL OXYGEN DYSPNEA  SKIN: NORMAL PRESSURE AREAS DECUBITI OTHER PASSIK- Nash davily.  SKIN CARE NEEDS AT PIGK - SKIN breakdown due to immobility.  BOWEL: NORMAL OCCASIONAL INCONTINENCE (LESS THAN DAILY) DAILY INCONTINENCE  OSTOMY: TYPE SELF-CARE? (Y/N) N  BLADDER: NORMAL OCCASIONAL INCONTINENCE (LESS THAN DAILY) DAILY INCONTINENCE  CATHETER: TYPE SELF-CARE (Y/N) N  ALLERGIES: PCN  ORIENTATION: ORIENTATED SOMETIMES DISORIENTED SIGNIFICANT LOSS-MUST BE DIRECTED  MEMORY: ADEQUATE FORGETFUL-NEEDS REMINDERS SIGNIFICANT LOSS-MUST BE DIRECTED  BEHAVIOR: V COOPERATIVE PASSIVE PROPERTY NON-RESPONSIVE
15. 1 16. 1 17. 1 18. 19. 20. 21. 22. 23.	MANTUNTAMIN TO INTERPRETATIONS OF AN ABULATORY WAID OR DEVICES NON-AMBULATORY WAID OR DEVICES
14 / 15   16   17   18   19   20   21   22   23   24   25   25	THE PROPERTY OF THE PROPERTY O
14 / 15. 1 16 : 17. : 18. : 19. : 20. : 21. : 22. : 23. : 24. : 25. : 26.	TYPING 325 Mg 7 OT 1: PO FOR PG PM PAIR  SELF-ADMINISTERED? (Y/N)
15. 1 16. 1 17. 18. 19. 20. 21. 22. 23.	TYLING 325 Mg 7 O 17 PD PC PCG PCG PCG PCG PCG PCG PCG PCG PCG
15. 1 16. 1 17. 1 18. 19. 20. 21. 22. 23. 24. 25. 26. 27.	INJURIATION TO THE PASSISTS (NAME / RELATIONSHIP) DAVOTHER IN AMBULATION NO PROBLEMS LIMITED ABILITY AMBULATORY WI AID OR DEVICES NON-AMBULATORY OF PARENTERAL TUBE (TYPE PER ENSURE PIUS Q CAN JAY -  DIETARY RESTRICTIONS NO PRESENTE AREAS DECUBITI OTHER PASSISTE NAME / RELATIONSHIP) DAILY INCONTINENCE RESPIRATION NORMAL PRESSURE AREAS DECUBITI OTHER PASSISTE NASH DAILY SKIN NORMAL PRESSURE AREAS DECUBITI OTHER PASSISTE NASH DAILY SKIN NORMAL OCCASIONAL INCONTINENCE (LESS THAN DAILY)  BLADDER NORMAL OCCASIONAL INCONTINENCE (LESS THAN DAILY)  CATHETER TYPE  BLADDER NORMAL FORGETFUL NEEDS REMINDERS SIGNIFICANT LOSS-MUST BE DIRECTED MEMORY ADEQUATE FOR DAILY INCONTINENCE PASSISTE PROPERTY NON-RESPONSIVE  WANDERS INJURES SELF / OTHERS / PROPERTY NON-RESPONSIVE  VISION: ABEQUATE FOR DAILY ACTIVITIES LIMITED (SEE LARGE OBJECTS) VERY LIMITED (BLINC USES Y CANDAULY ACTIVITIES HEAR LOUD SOUNDS / VOICES VERY LIMITED (BLINC USES Y CANDAULY ACTIVITIES HEAR LOUD SOUNDS / VOICES VERY LIMITED (BLINC USES Y CANDAULY ACTIVITIES HEAR LOUD SOUNDS / VOICES VERY LIMITED (BLINC USES Y CANDAULY ACTIVITIES HEAR LOUD SOUNDS / VOICES VERY LIMITED (BLINC USES Y CANDAULY ACTIVITIES HEAR LOUD SOUNDS / VOICES VERY LIMITED (BLINC USES Y CANDAULY ACTIVITIES HEAR LOUD SOUNDS / VOICES VERY LIMITED (BLINC USES Y CANDAULY ACTIVITIES HEAR LOUD SOUNDS / VOICES VERY LIMITED (BLINC USES Y CANDAULY ACTIVITIES HEAR LOUD SOUNDS / VOICES VERY LIMITED (BLINC USES Y CANDAULY ACTIVITIES HEAR LOUD SOUNDS / VOICES VERY LIMITED (BLINC USES Y CANDAULY ACTIVITIES HEAR LOUD SOUNDS / VOICES VERY LIMITED (DEAF USES TO THE MEAN OTHER IMPEDIMENT NON ENSURE ASSISTIVE DEVICE (TYPE ASSIST
15. 1 16. 3 17. 1 18. 19. 20. 21. 22. 23. 24. 25. 26. 27.	TYPING 325 Mg 7 OTT: PO FOR PG

Mith, Stella Case	2
30. UNMET NEEDS: CHECK THE TASKS FOR WHICH THE PATIENT NEEDS ASSISTANCE DUE TO HIS/HER MEDICAL CONDITION NEED IS EITHER NOT MET OR INADEQUATELY MET. SHOW THE TYPE OF HELP NEEDED AND HOW OFTEN IT IS NEEDED.	AND THE
OTHER THE OF REEDED AND HOW OF ENTITS NEEDED.	
TYPE HELP NEEDED / HOW OFTEN	
PERSONAL CARE  V EATING PEG   Ensure plus, NPO due to SWAllmung problems  GROOMING ASSIST to clress, at each visit - hair, moun care  DRESSING ASSIST to clress  DRESSING ASSIST TO CLR	
GROOMING assist to ciress, at each visit - hair, morth care	
DRESSING ASSIST TO CITESS  BATHING TOTAL BATH - BED OF 7 TO BSC.	
V USE OF TOHET total transfer to BSC : ASSIST to Chan	
TRANSFER _ total transfer to BSC, chair, we.	
AMBULATION HEAL PREPARATION _ & - TUBE fld	
MEDICATION INTAKE ASSIST & pre-pared meds.	
, ,	
INCIDENTAL HOME MANAGEMENT  CLEANING BAY DECLOTION, NATHYDOM, WASH BS  LAUNDERING When wet clothes // I men change	
LAUNDERING When wet clothes / linen change	
ESSENTIAL SHOPPING + + + + + + + + + + + + + + + + + + +	
MAKE BED 2477	
31. ARE THERE SOURCES (FAMILY, FRIENDS, PROGRAMS, & AGENCIES) TO MEET ABOVE NEEDS? (Y/N)	
Son   Shipping ; Dier- pre-pous meds	
• •	
PLAN OF CARE  32 IF THE EVALUATION INDICATES THE PATIENT HAS MEDICALLY-RELATED PERSONAL CARE NEEDS REQUIRING PCS, SHOW	TUE
PLAN FOR PROVIDING CARE. LIST THE DAY(S) SERVICES ARE NEEDED; THE TASKS TO BE PERFORMED ON THOSE DAYS; TOTAL TIME NEEDED EACH DAY.	AND THE
DAY OF WEEK TASKS TO BE ACCOMPLISHED	
the Ro. Thathere	TIME
M Total bath, groom, dress, I to BSC, tube ked, lines change	4
T Total hash, groom, dress, I to BSC, type feed, laindry	4
W Total bath, grown, dress, I to BSL, type feed, vaccom.	4
The Total bath, grown, dr.ss, I to BEL, hihe feed, linen change	4
Fr Total hath arom check I to BSI hope had lained	4
Fr Total bath, grom, dress, I to BSC, who feed, laundy	7
,	
33. GOALS: NEED FOR PCS IS EXPECTED TO CHANGE / END (CIRCLE ONE) ON/ IF NO CHANGE EXP	ECTED.
33. GOALS: NEED FOR PCS IS EXPECTED TO CHANGE / END (CIRCLE ONE) ON / IF NO CHANGE EXP STATE WHY: Chronic Illness with no Improvement expected.	
NURSE ASSESSOR CERTIFICATION	
I CERTIFY THAT I HAVE COMPLETED THE ABOVE EVALUATION OF THE PATIENT'S CONDITION.	
I FOUND THE PATIENT NEEDS PERSONAL CARE SERVICES DUE TO THE PATIENT'S MEDICAL CONDITION. I HAVE DEVE THE PLAN OF CARE TO MEET THOSE NEEDS.	LOPED
I FOUND THE PATIENT DOES NOT MEET THE CRITERIA FOR PERSONAL CARE SERVICES.	
	1 -
Kene Malnure PN SIGNATURE DATE	13
PHYSICIAN CERTIFICATION	
I CERTIFY THAT THE PATIENT IS UNDER MY CARE AND HAS A MEDICAL DIAGNOSIS WITH ASSOCIATED PHYSICAL / MENTAL LIM WARBANTING THE PROVISION OF THE PERSONAL CARE SERVICES IN THE ABOVE PLAN OF CARE.	ITATIONS
1/1 and $1/1$	
SIGNATURE DATE	